

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	2876
Title::	ATM CURRENCY CASSETTE ARRANGEMENT
Attorney Docket Number::	D-1211
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	51
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jon
Middle Name::
Family Name:: Washington
Name Suffix::
City of Residence:: Clinton
State or Province of Residence:: OH
Country of Residence:: US
Street of mailing address:: 6732 Christman Road
City of mailing address:: Clinton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44216

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Eric
Middle Name::
Family Name:: VanKeulen
Name Suffix::
City of Residence:: North Canton
State or Province of Residence:: OH
Country of Residence:: US
Street of mailing address:: 8246 Willowhurst Circle, N.W.
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: H.
Middle Name:: Thomas
Family Name:: Graef
Name Suffix::
City of Residence:: Bolivar
State or Prov. Of Residence:: OH
Country of Residence:: US
Street of mailing address:: P.O. Box 287
City of mailing address:: Bolivar
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44612

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeffrey
Middle Name::
Family Name:: Eastman
Name Suffix::
City of Residence:: North Canton
State or Province of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2152 Mohler Drive, N.W.
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

Representative Customer Number::	28995
----------------------------------	-------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/450,992	02/28/2003
This Application	An application claiming the benefit under 35 USC 120	10/750,571	12/30/2003
10/750,571	An application claiming the benefit under 35 USC 119(e)	60/437,636	12/31/2002
10/750,571	An application claiming the benefit under 35 USC 119(e)	60/437,637	12/31/2002

Assignee Information

Assignee Name:: Diebold Self-Service Systems
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH